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LETTER FROM THE UNITED STATES OF AMERICA DEALING WITH VENEREAL DISEASES—III.

THE medical and educational aspects of a venereal disease programme for New York City were considered at a gathering of 1,200 representatives of twenty-three health and social agencies attending the Regional Conference on Social Hygiene, held under the auspices of the Social Hygiene Council of Greater New York on January 30th, at the Hotel Pennsylvania. Twenty-three papers were read and discussed.

Dr. John L. Rice, Commissioner of Health, New York City, said that the medical and educational aspects of a venereal disease programme constitute the largest single problem facing the Department of Health. Syphilis is unquestionably one of the four major causes of death, possibly the first, although the vital statistics do not show it. It is estimated that there are six million sufferers from this disease in the United States, of which number, one in nine is under treatment by authorised practitioners. During the five-year period 1929-33 there were more cases of syphilis reported to the Department of Health than any other communicable disease. Only a small percentage is reported by private physicians. He advocated a system of uniform reports throughout the country.

The problem of venereal disease control comprises two main elements. Every infected person should take treatment immediately after infection and facilities for the diagnosis and treatment of syphilis and gonorrhœa should be available. The Department is anxious that all who need treatment should go to their private physicians, but for those who are unable to do so, the City must make special provision.

Particular stress is being laid on the importance of pre-natal syphilis. Expectant mothers are being impressed with the necessity of consulting their physicians early in the course of pregnancy, and physicians are being urged

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to make the Wassermann test on all pregnant women under their care.

The educational effort against the venereal diseases brings up the question of the use of radio broadcasts, which are now closed to discussions of venereal disease. We no longer think of these diseases as "the wages of sin" or as a "badge of immorality," but as a medical and sanitary problem which is sufficiently serious to be brought to the people through every possible channel of thought. While he recognised that the radio stations faced great difficulties in the matter, he hoped that the radio executives will soon come to recognise the great opportunity they have to advance public opinion by giving this question a fair trial. He suggested the formation of an advisory committee in educational public health problems, whose function it should be to sit down from time to time with the radio executives and discuss with them public health problems which deserve special emphasis over the radio. The committee should not be responsible for reading or censoring talks.

These remarks concerning radio broadcasts were inspired by an incident which occurred several months previously, when radio talks by Dr. Thomas Parran, Jr., Health Commissioner of New York State, and by Dr. Rice, on public health questions, were cut off when the venereal diseases were mentioned. Dr. Rice wrote the following letter to the President of the National Broadcasting Company :—

DEPARTMENT OF HEALTH
CITY OF NEW YORK

November 21st, 1934.

MR. M. H. AYLESWORTH, PRESIDENT,
NATIONAL BROADCASTING SYSTEM.
MY DEAR MR. AYLESWORTH,

The censorship imposed by the Columbia Broadcasting System on the address which was to have been delivered by State Health Commissioner Parran is a matter of deep concern to physicians and health administrators throughout the country. I, too, have had a broadcast discontinued because I ventured to mention the Health Department's work against syphilis. Since this was over your network, I should like to present my experience in brief outline.

About a month ago I addressed the Kiwanis Club at a luncheon at the Hotel McAlpin. Describing the more important activities carried on by the Department of Health I was showing how the taxpayers' money was being spent. After telling of the expenditures to safeguard the health of mothers and babies, and of the Department's activities

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against tuberculosis, I began to speak of the important work against venereal diseases, especially syphilis. At this point I was cut off the air. My listeners heard nothing of the very serious ravages caused by syphilis. They were kept in ignorance of the fact that this disease is everywhere one of the most important health problems ; that at present approximately 10 per cent. of the adult population is infected with syphilis ; that many innocent children are infected because their mothers did not receive proper prenatal care ; that a large part of the thousands of inmates in our insane asylums owe their conditions to a syphilitic infection ; that syphilis is the cause of a considerable number of cases of heart disease ; and that the cost of syphilis to the people of this country runs into many million dollars annually.

The public should have these facts ; it is entitled to them. After all, it is the taxpayers' money which is expended in combating disease, and the taxpayer has a right to determine not only what sums he cares to devote to the control of syphilis but how he prefers to spend his monies. At present the general public has no idea of the prevalence of syphilis. The subject is taboo. I feel strongly that much progress can be made if syphilis is discussed openly and scientifically in the same manner we now discuss tuberculosis, diphtheria and other infectious diseases.

A censorship of the kind such as was imposed on Commissioner Parran and on me constitutes a very great handicap on our efforts to prevent the ravages and spread of two of the most important present-day diseases.

Very sincerely,

(Signed) JOHN L. RICE, M.D.,
Commissioner.

At the Regional Conference, the position of the broadcasting companies regarding venereal disease education was presented by Mr. F. A. Willis, for the Columbia System, and Mr. Franklin Dunham, for the National Company. Mr. Willis said that while it was recognised that the prevalence of venereal disease is a cause for deep concern, nevertheless long-established custom and tradition among millions of people have made wholly taboo either public or private discussion of most of the physical aspects of the sexual relationship. The whole subject of venereal disease is often held unmentionable. While this may be regarded as false prudery the point of view exists widely enough to be important.

We must recognise that few newspapers or magazines of general circulation feel it wise to make reference to the venereal diseases, much less to describe understandably the usual treatment. The reason is that the editor cannot move too swiftly in advance of the thinking of his public. True, changes are going on in various fields of human thought, but the change in tradition, in law and in

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religious viewpoint is historically always much slower than the transition in the scientific viewpoint. The result is that the taboos he mentioned are still far too strong for general editorial challenge.

These are conditions as they exist, seen from the viewpoint of a radio executive whose function primarily is editorial in the broadest sense of the word. Broadcasting is unique in that it reaches family and social groups, of both sexes and all ages simultaneously: it is heard in restaurants and public gathering places as well as in the home. Its material must offer something of interest to all these groups at various times and must at no time be offensive to any of them by any established standard whatever. The question of offensiveness may be a matter of taste and like or dislike, and the editor has to act arbitrarily, trusting to his own personal good taste as being representative of the larger whole. He cannot have an "editorial policy" like the editor of a newspaper. He must be strictly impartial and must present equally and fairly both points of view in all matters of controversy. He seeks to make broadcasting a great community voice.

For these reasons there are certain things which this voice may not say, with general public approval, and certain aspects of life which it may not present. Public opinion in the United States generally will have to change very greatly before specific discussions of social disease, its prevention and cure, can receive specific nation-wide broadcast. Before radio can discuss these matters on an extensive scale, it is probable that newspapers and magazines must first break down their own reticence. The necessity for frank, direct public discussion, in view of the social facts, should be reiterated constantly and thus create a body of public opinion. In a limited degree, that is already being done here and there. It will be a long time, however, before it will be possible publicly to discuss social diseases as is now being done with cancer, tuberculosis and pyorrhœa. If and when the time comes that a still wider group of the public have been brought to see the need of brutal frankness, then our large general public will feel it possible also to discuss the menace; whereupon nation-wide radio will likewise, perhaps, feel that its own mass audience is ready for at least some mention of a subject that has always been so difficult to approach.

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Mr. Franklin Dunham, for the National Broadcasting Company, spoke along the same lines.

Dr. Reuel A. Benson, discussing the control and treatment of vaginitis, said that between 1930 and 1933, municipal hospitals in New York City cared for 286 children with gonorrhœal vaginitis and that there were hundreds of other cases treated privately. The cost to the city was about \$400 for each case treated. He said that the cases were usually chronic when admitted and it was often difficult to get even a history of the duration of the infection. Criminal assault was very rare in his experience. There were no cases of pelvic involvement and none of gonorrhœal arthritis. Eye infections were rare, and when they do occur rarely show the virulence so characteristic of gonorrhœal conjunctivitis in the adult. These children, however, are less resistant than other children to infection in general; 14 per cent. developed middle ear infections, and it seems that upper respiratory infections are more common in the vaginitis cases.

The greatest number of cases occur in the early years, with a steady decrease as we approach puberty. This is probably due to differences in the microscopic structure of the immature generative tract, which make it less resistant to infection than that of the adult. There is also some evidence that there may be a possibility of infection at birth, though this does not seem to be of frequent occurrence, if one may judge from the infrequency of positive smears in the new born. He believed that in cases in which the mother gives a positive smear, the infant should be treated as a potential vaginitis case. In his wards, they begin at birth with vaginal instillations of silver nitrate, in suspicious cases.

In institutions, gonorrhœal vaginitis is extremely contagious. The most rigid care and isolation must be observed. There may also be carriers who show no clinical signs of the disease but who nevertheless harbour gonococci in the vagina or rectum. In his experience, gonococci are frequently present in the rectum even when there are no clinical signs of infection. He thought the incidence of rectal gonorrhœa in children is probably greater than the 25 to 40 per cent. in adults reported by Singer.

Long after the discharge has ceased, intra- and extra-cellular diplococci may be present, and these cases may

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become carriers. All cases are kept in hospital until clinical signs have disappeared and five negative smears in succession, taken weekly, have been obtained. It is surprising how often after two, three or even four negatives, the sequence is broken by a single positive smear, which necessitates another tedious stay in the hospital for further treatment. As evidence of contagiousness, he does not distinguish between intra- and extracellular organisms, though the latter are perhaps evidence of lessened virulence.

The tedium of the hospital stay is minimised as far as possible. The children have two hours of school daily and two hours out of doors in the winter and a large playground period in summer. Games, radio, meals, treatments, bathing and general care consume the rest of the day.

As to local treatment, he believed that, in competent hands, almost any method diligently and conscientiously carried out is successful. Individual cases vary tremendously in their response. It must always be remembered that the mucous membrane of the young vagina is extremely delicate and easily injured, that it is well-nigh impossible in young children to make applications to the cervix and vagina, and that the tendency of the gonococci to bury themselves in the vaginal folds makes it still more difficult thoroughly to disinfect the surfaces involved.

Since 1931, the most practical and successful method of local treatment has been the use of 1 per cent. silver nitrate in a vaseline base, the method devised by Gellhorn. The technique is not easy, the ointment must be carefully prepared to avoid burns, and the children must be in bed to get the best results. The method is not practical in out-patients, and it has the same psychologic disadvantages of all other methods of local treatment.

The disease is self-limited and tends to cure spontaneously as the children approach puberty, and if it were not for its contagiousness, he believed it would be wiser to avoid all local treatment and consider only the general health of the child. The use of gonococcal vaccines has been abandoned. The bacteriophage of d'Herelle has been proved absolutely inert so far as any curative effect is concerned. In 20 cases, treated with the Corbus-Ferry gonorrhœal filtrate, although the discharge was materially lessened, he could not notice any more

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cures than in untreated controls. Recently the hypodermic administration of Theelin (female sex hormone) as advocated by Lewis, has been tried, with excellent results in about 30 cases. Much study and observation will be necessary before we can arrive at conclusive results.

The other papers dealt with various aspects of venereal disease, mostly late syphilis. To the writer, it was a striking commentary on our contemporary attitude toward the fundamental questions involved in this discussion, that not a single word on behalf of prevention through personal prophylaxis was uttered by any of the speakers. Social workers seemed to stress the need of more records and better-kept records and statistics, while medical men urged more clinics and hospital facilities ; but not a word regarding the real prevention of venereal disease—personal prophylaxis. It would seem that some method of prevention at the original source of the infection could be worked out if but a fraction of the thought and energy at present devoted to keeping records and preparing statistics were applied to the development of an effective personal prophylactic method. The fact that in the American Army in France during the late War 242,000 prophylactic treatments were followed by only 1.3 per cent. of infections, indicates what can be done with early and prompt disinfection, using approved methods and materials. But the same considerations which forbid mention of syphilis and gonorrhœa over the radio, even by State and city health officials, also forbid the public advocacy of personal measures of disinfection, largely because of this being a “compromise with vice.” Until the professional attitude in regard to personal prophylaxis is changed, we cannot expect any decrease in the incidence of venereal disease, despite the building of new clinics and the use of more paper and ink for records and statistics. Records and statistics and social workers do not prevent venereal disease ; approved personal prophylaxis does.